

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 21, 2009
Secretary of State**

DOCUMENT# 725873

Entity Name: OAKLAND SHORES CONDOMINIUM #1, INC.**Current Principal Place of Business:**3127 OAKLAND SHORES DRIVE
OAKLAND PARK, FL 33309**New Principal Place of Business:****Current Mailing Address:**3127 OAKLAND SHORES DRIVE
OAKLAND PARK, FL 33309**New Mailing Address:**

FEI Number: 59-1549650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BECKER + POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: PD () Delete
Name: BURKE, PETER G
Address: 3127 OAKLAND SHORES DRIVE
City-St-Zip: OAKLAND PARK, FL 33309Title: VD () Delete
Name: LYONS, BARBARA Z
Address: 3127 OAKLAND SHORES DRIVE
City-St-Zip: OAKLAND PARK, FL 33309Title: SD () Delete
Name: FONTULME, NAOMIE
Address: 3127 OAKLAND SHORES DRIVE
City-St-Zip: OAKLAND PARK, FL 33309Title: TD () Delete
Name: SMATRAKALEV, GEORGI
Address: 3127 OAKLAND SHORES DRIVE
City-St-Zip: OAKLAND PARK, FL 33309Title: ASD () Delete
Name: GARRISON, ROBERT
Address: 3127 OAKLAND SHORES DRIVE
City-St-Zip: OAKLAND PARK, FL 33309**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD (X) Change () Addition
Name: PICCIONE, ALFRED
Address: 3127 OAKLAND SHORES DRIVE
City-St-Zip: OAKLAND PARK, FL 33309Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA Z LYONS

VD

04/21/2009

Electronic Signature of Signing Officer or Director_____
Date